

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021812

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5595

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

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STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR
TOWN St. Louis, Mo.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. AnthonyInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

c. CITY

OR
TOWN St. Louis, Mo.

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS(If outside, give location)
4015 High Aire.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

William

E.

Kinsella.

4. DATE

Month

Day

Year

5

24

1963

5. SEX

Male.

6. COLOR OR RACE

White.

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

11-3-89

9. AGE (last birthday)

73

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired.

10b. KIND OF BUSINESS OR INDUSTRY

Retired.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Kinsella.

13b. MOTHER'S MAIDEN NAME

Sarah Gahan.

14. NAME OF HUSBAND OR WIFE

Mary Ginsella.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mary Ginsella. 4015 HighAire.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of prostate with metastases to cord and brain.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 25 Feb. 1963 to 24 May 1963 and last saw him alive on 24 May 1963
Death occurred at 9:30 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial.

23b. DATE

5-28-63

23c. NAME OF CEMETERY OR CREMATORY

Calvary.

23d. LOCATION (City, town, or county)

St. Louis, Mo.

23e. STATE

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home.
6322 S. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

MAY 27 1963

26. REGISTRAR'S SIGNATURE

Loan Smith. M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

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73

Kinsella

1961 12 3 SAT

DR. Nye
12-3-SAT
PR 2-2754

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David Van Fossan

Licensed Embalmer No. 4242

P. O. Address Sioux Falls S.D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above: